I. APPLICANT INFORMATION

Personal Data of the Data Subject			
First Name(s):			
Last Name(s):			
Identification Document:	DNI:	Passport:	CE/CI/Other:
Contact Phone:	Landline:		Mobile:
Address:			
District:	Province:		Region/State:
Email Address:	Primary:		Secondary:
Legal Representative or Attorney-in-Fact (if applicable)			
First Name(s):			
Last Name(s):			
Identification Document:	DNI:	Passport:	CE/CI/Other:
Contact Phone:	Landline:		Mobile:
Address:			
District:	Province:		Region/State:
Email Address:	Primary:		Secondary:
Relationship with TEXTIL EL AMAZONAS S.A. BIC			
Employee: ( )	Client/Supplier: ( )		Other: ( )

II. REQUEST TO EXERCISE ARCO RIGHTS

ARCO Right (Mark with an "X")			
Access	**Rectification**	**Cancellation/Deletion**	**Oppostion**
Right to obtain the information contained in our personal data banks. ( )	**Right to modify, update, or correct data that is inaccurate. ( )**	When the data is no longer relevant for the purpose for which it was collected or when it is not being processed in accordance with the law. ( )	For legitime and justified reasons related to a specific personal situation. ( )
Request Details / Justification for exercisin			

III. REQUIREMENTS AND ATTACHED DOCUMENTS

Requirements
● Simple copy of the identification document specified in the request.
● Power of attorney or valid document proving representation in cases the request is not submitted by the data subject. The validity of the document must not exceed two months.
Additional Attached Documentation. Please specify

IV. AUTHORIZATION FOR REQUEST PROCESSING

Request Confirmation		
Date:	Singature:	Fingerprint
By my signature and fingerprint, I authorize the information provided herein to be processed and stored for the purpose of enabling the handling of my request. This information will always be protected and processed in accordance with the Personal data Protection Law.		